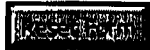


File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



IA ETHICS AND
CAMPAIGN DISCLOSURE BD

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

2009 NOV 17 PM 4:02

COMMITTEE NAME (Must be same as on Statement of Organization)

IOWANS FOR KIRSTEN RUNNING - MARQUARDT

IMPORTANT: Indicate by # type of committee you are reporting for. ☒ 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

KIRSTEN RUNNING - MARQUARDT

Political Party (if applicable)

DEMOCRAT

Office Sought

STATE REPRESENTATIVE

District (if Senate or House)

HD 33

**FORM
DR-2**

(Rev. 07/2007)

**DISCLOSURE
REPORT**

For Office Use Only

Comm. #

1847

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A 7) and 68A.401(3), the candidate, for a

Jana Hermonstorf

SIGNATURE OF PERSON FILING REPORT

319-396-8228

TELEPHONE

11/17/09

DATE SIGNED

I AM FILING A 11/19/09 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by: ☒ 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount MUST be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.) \$

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below).

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (If final report balance must be zero) \$

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

IOWANS FOR KIRSTEN RUNNING - MARQUARDT

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11/4/09	ID# 6449 CK# 1540	Great Plains Laborers District Council IOWA PAC 5806 Mandith Dr. Ste B Des Moines Ia 50322		\$ 5000.00	<input type="checkbox"/>
10/30/09	ID# CK# 4227	Kay Halloran 825 17th St. SE Cedar Rapids Ia 52403		100.00	<input type="checkbox"/>
11/5/09	ID# CK# 5201	Cory Marquardt 3515 Field Stone Pl. SW Cedar Rapids Ia 52404	Spouse	100.00	<input type="checkbox"/>
11/6/09	ID# 9789 CK# 102	Buff Local, Build Local, Employ Local 1839 16th ave SW Cedar Rapids Ia 52404		2500.00	<input type="checkbox"/>
11/4/09	ID# 6085 CK# 917	Iowa State Building & Construction Trades Council Political Education Com. 110 10th ave NW Des Moines Ia 50009		2500.00	<input type="checkbox"/>
11/6/09	ID# 8020 CK# 2772	Quad City Federation of Labor Local 660 2835 7th ave Rock Island Il 61201		1000.00	<input type="checkbox"/>
11/5/09	ID# 6028 CK# 606	District Union 431 UICW Political action account 1401 W. 3rd St. Des Moines Ia 52802		1000.00	<input type="checkbox"/>
11/5/09	ID# 6177 CK# 1027	Iowa Staff Union State Pca 1119 4th St. Suite 213 Des Moines Ia 50319		1000.00	<input type="checkbox"/>
11/5/09	ID# 6017 CK# 3250	Central Iowa Building Construction Trades Council Political Action Committee P.O. Box 7310 Des Moines Ia 50309		750.00	<input type="checkbox"/>
11/7/09	ID# CK# 4214	Sheryl Marquardt 646 13th Ave N Clinton Ia 52732	Other-in-law	1000.00	<input type="checkbox"/>

GRAND SUB-TOTAL

\$ 14,950

TOTAL (if last page of this schedule)

\$

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Page 1 of 7
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)		MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)

IOWANS For KRISTEN RUNNING - MARGHARDT

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11/4/09	ID# CK# 10109	RON MIRR 3411 Ireland Drive Jawa City Ia 52246		\$ 200.00	<input type="checkbox"/>
11/6/09	ID# CK# 3885	Steve Esser 420 B ave W Box 116 Walford Ia 52351		25.00	<input type="checkbox"/>
11/5/09	ID# CK# CASH	Dan Hammel 3163 Hillcrest apt. # 4 Dubuque Ia 52001		50.00	<input type="checkbox"/>
11/10/09	ID# 6060 CK# 2626	Iowa Committee on Political Education, AFL-CIO 2000 Walker Suite A Des Moines Ia 50317		2000.00	<input type="checkbox"/>
11/10/09	ID# CK# 4093	Bretchen Lawyer 1095 6th Street Marion Ia 52302		25.00	<input type="checkbox"/>
11/06/09	ID# 6089 CK# 477	Operating Engineers Local #234 Political Fund # 6089 4880 Hubbell Des Moines Ia 50317		1000.00	<input type="checkbox"/>
11/09/09	ID# CK# 7289	Robert Rush 900 2nd St. SE Unit 605 Cedar Rapids Ia 52401		250.00	<input type="checkbox"/>
11/09/09	ID# CK# 13750	Stephen Jackson 144 Guildford SE Cedar Rapids Ia 52403		250.00	<input type="checkbox"/>
11/11/09	ID# CK# 1895	Justin Shields 3201 Pebble Dr SW Cedar Rapids Ia 52404		250.00	<input type="checkbox"/>
11/6/09	ID# CK# 2466	Carol Thompson 5 Kelsey Ct Coralville Ia 52241		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 4075	
TOTAL (if last page of this schedule)				\$	

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Page 2 of 7
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)



SCHEDULE A (Rev. 07/03)		MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)

IOWANS For KERSTEN RUNNING MARQUARDT

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11/6/09	ID# CK# CASH	Kathy Bowersox 4315 153rd St. Urbandale Ia 50323		\$ 20.00	<input type="checkbox"/>
11/7/09	ID# CK# 15378	Sandra Kay Keller 1244 Edvon Drive NE Jawa City Ia 52240		25.00	<input type="checkbox"/>
11/11/09	ID# 6086 CK# 13796	ISEA PAC Political action Committee 777 3rd Street Des Moines Ia 50309		15000.00	<input type="checkbox"/>
11/11/09	ID# CK# 3346	Tyler Olson P.O. Box 2389 Cedar Rapids Ia 52401		100.00	<input type="checkbox"/>
11/9/09	ID# CK# 10363	Harold Denton P.O. Box 74002 Cedar Rapids Ia 52407		100.00	<input type="checkbox"/>
11/9/09	ID# CK# 4059	Joseph Bolckam 728 2nd ave Jawa City Ia 52245		50.00	<input type="checkbox"/>
11/11/09	ID# CK# 7410	Patrick Bauer 338 Koser ave Jawa City Ia 52246		100.00	<input type="checkbox"/>
11/9/09	ID# CK# 7498	Becky McCarville 4417 Regal ave NE Cedar Rapids Ia 52402		25.00	<input type="checkbox"/>
11/9/09	ID# CK# 5508	Carole Kazmierki 2039 Indian Grass Court ames Ia 50014		100.00	<input type="checkbox"/>
11/12/09	ID# CK# 8152	Kathleen Krehbiel 3145 Hickory Dr NE Solon Ia 52333		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 15620	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE	
A	MONEY RECEIPTS
(Rev. 07/03)	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

IOWANS For KERSTEN RUNNING MARQUARDT

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11/12/09	ID# CK# 1082	Allison Story 636 Crystal Dr. NE Cedar Rapids Ia 52402		\$ 50.00	<input type="checkbox"/>
11/4/09	ID# CK# CreditCard	Mayrose Wegmann 1301 15th Street NW apt 813 Washington DC 20005		500.00	<input type="checkbox"/>
11/7/09	ID# CK# CREDITCARD	Karen Metcalf 1679 Deer Springs Circle Bellefontaine Ia 52722		200.00	<input type="checkbox"/>
11/7/09	ID# CK# CREDIT CARD	Paul McAndrew 2771 Oakdale Blvd Ste 6 Corvallis Ia 52241		100.00	<input type="checkbox"/>
11/12/09	ID# 6414 CK# 1012	Hawkeye Labor Council AFL-CIO 1211 Wiley Blvd SW Cedar Rapids Ia 52404		5000.00	<input type="checkbox"/>
11/13/09	ID# CK# 5171	Henry Hermanstorfer 5611 Skyline Ct. NW Cedar Rapids Ia 52405		50.00	<input type="checkbox"/>
11/13/09	ID# CK# 5450	Jeremy Kienz 132 Brighton Cir SW Cedar Rapids Ia 52404		100.00	<input type="checkbox"/>
11/12/09	ID# CK# 1792	Robin Christianson 805 Spence Dr Jowa City Ia 52246		250.00	<input type="checkbox"/>
11/11/09	ID# CK# 9590	Deane Pickett 2015 39th ST Des Moines Ia 50310		25.00	<input type="checkbox"/>
11/11/09	ID# CK# 4767	Donald Heit 813 NE Michael DR Ankeny Ia 50021		25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 6300

TOTAL (If last page of this schedule)

\$

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Page 4 of 7
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

IOWANS FOR KERSTEN RUNNING-MARQUARDT

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11/12/09	ID# CK# 6282	Robert and Beverly Hanson 4120 Water Point Ct. SW Cedar Rapids Ia 52404		\$ 100.00	<input type="checkbox"/>
11/11/09	ID# 9645 CK# 1628	Linn Phoenix Club Iowa Pac No. 9645 610 3rd ave N Mt. Vernon Ia 52314		1000.00	<input type="checkbox"/>
11/13/09	ID# CK# 5396	Michael Owen 166 Hilltop Dr West Branch Ia 52358		25.00	<input type="checkbox"/>
11/13/09	ID# CK# 6013	Janelle Ketting 110 Shrader Rd. Iowa City Ia 52245		30.00	<input type="checkbox"/>
11/13/09	ID# CK# 5020	Dennis Roseman 2611 E. Court Street Iowa City Ia		30.00	<input type="checkbox"/>
11/13/09	ID# CK# 625	Douglas Dorando 1117 E. College St Iowa City Ia 52240		20.00	<input type="checkbox"/>
11/13/09	ID# CK# 3227	David Lishtz Box 1945 Iowa City Ia 52244		35.00	<input type="checkbox"/>
11/13/09	ID# CK# 5214	Thomas Larkin 1401 13th St. Coraville Ia 52241		30.00	<input type="checkbox"/>
11/13/09	ID# CK# 1448	Alicia Trimble 2232 California Ave Iowa City Ia 52241		100.00	<input type="checkbox"/>
11/13/09	ID# CK# 4352	Richard Myers 9 Woodland Heights Iowa City Ia 52240		100.00	<input type="checkbox"/>

Sub-TOTAL

\$ 1470

TOTAL (if last page of this schedule)

\$

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Page 5 of 7
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN
(including candidate's personal funds)

SCHEDULE	
A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

IOWANS For KERSTEN RUNNING. MARQUARDT

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11/13/09	ID# CK# 3137	Faith Wilmet 400 West Elm Street Solon Ia 52333		\$ 100.00	<input type="checkbox"/>
11/13/09	ID# CK# 1836	William Gerhard 1109 Prairie Duchien Rd Jowa City Ia 52245		50.00	<input type="checkbox"/>
11/13/09	ID# CK# 4041	Joyce Bernardy 1401 13th St Coralville Ia 52241		25.00	<input type="checkbox"/>
11/13/09	ID# CK# 3811	Rachel Smith 905 Wylden Green Rd Jowa City Ia 52246		25.00	<input type="checkbox"/>
11/13/09	ID# CK# 1324	Stephan Poladofer 2853 Coral Ct Apt 104 Coralville Ia 52241		50.00	<input type="checkbox"/>
11/13/09	ID# CK# 3689	Virginia Lee Stratton 1815 N Dubuque St Jowa City Ia 52245		50.00	<input type="checkbox"/>
11/11/09	ID# CK# 2937	Robert Suplee 7 Arbor Cir Jowa City Ia 52245		25.00	<input type="checkbox"/>
11/13/09	ID# CK# 2607	Thomas Carsoner 1627 College Court Place Jowa City Ia 52245		25.00	<input type="checkbox"/>
11/13/09	ID# CK# 6425	Ellen Kapp 5436 210th St. NE Solon Ia 52333		50.00	<input type="checkbox"/>
11/14/09	ID# CK# 3041	Nancy Porter 2519 Potomac Dr. Jowa City Ia 52245		50.00	<input type="checkbox"/>

Sub-TOTAL

\$ 450.00

TOTAL (if last page of this schedule)

\$

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Page 6 of 7
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

IOWANS For KIRSTEN RUNNING-MARQUARDT

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/13/09	ID# CK# 6345	Rodney Sullivan 2326 E. Court St. Iowa City Ia 52245		\$ 100.00	<input type="checkbox"/>
11/12/09	ID# CK# 11790	Mary Mascher 40 Lynn Court Iowa City Ia 52246		50.00	<input type="checkbox"/>
11/13/09	ID# CK# CASH	XXXXXXXXXXXXXXXXXXXX PASS THE HAT		30.00	<input type="checkbox"/>
11/13/09	ID# CK# CASH	Sarah Swisher 917 Bowery St. Iowa City Ia 52240		50.00	<input type="checkbox"/>
11/3/09	ID# CK# CASH	KIRSTEN RUNNING-MARQUARDT 3515 FIELD STONE PL SW CEDAR RAPIDS IA 52404		20.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

\$ JB-TOTAL

\$ 250.00

TOTAL (If last page of this schedule)

\$ 4315.00

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Page 7 of 7
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
IOWANS For KIRSTEN RUNNENG-MARQUARDT

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/8/09	ID# CK# 2050002041	ACT BLUE TECHNICAL SERVICES 14 ARROW ST CAMBRIDGE MA 02138	CREDIT CARD PROCESSING	\$ 31.60
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$ 31.60

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

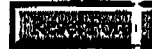
Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

IOWANS FOR KERSTEN RUNNING-MARQUARDT



SCHEDULE E (Rev. 06/07)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN-KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
11/4/09	IOWA DEMOCRATIC PARTY 5661 FLEUR DRIVE DES MOINES IA 50321		DIRECT MAIL	\$ 10,036.08	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 10,036.08	
TOTAL: (If last page of this schedule)				\$ 10,036.08	

*Disclosure law requires candidates to disclose the relationship of any relative making an in-kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)